



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E430882**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	15-01397	
LOCAL AGENCY CODING	0664	
TOTAL # OF UNITS	02	OBJECT STRUCK

TRIBAL RESERVATION	
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M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION	06	06	2015	1207	31			N	E	IN	0664
								S	W	OF	

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>
MAIN ST		BLOCK NO. <input type="checkbox"/>
		MILE POST <input type="checkbox"/>

DISTANCE		MILES	N	E	OF (REFERENCE OR CROSS STREET)
		FEET	S	W	17 ST NE

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4253351931
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LAST NAME	KRAFT	FIRST NAME	JOE	MIDDLE INITIAL	M
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STREET NEW ADDRESS	15402 OK MILL RD
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CITY	SNOHOMISH	ST	WA	ZIP	98290
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	KRAFTJM590RJ	STATE	WA	SEX	M	D.O.B. MMDDYYYY	12	11	1941
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	AQY1315	STATE	WA	VIN#	KNDMB233276179047
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2007	MAKE	KIA	MODEL	SEDON	STYLE	VN	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	STATE FARM 044-2720-D19-47C
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4252804591
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LAST NAME	HARRIS	FIRST NAME	JANEIAH	MIDDLE INITIAL	D
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STREET NEW ADDRESS	5719 80TH AVE NE
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CITY	MARYSVILLE	ST	WA	ZIP	98270
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	HARRIJD023RA	STATE	WA	SEX	F	D.O.B. MMDDYYYY	12	01	1998
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	170YMI	STATE	WA	VIN#	KMHND45D31U147649
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2001	MAKE	HYUN	MODEL	ELANTRA	STYLE	4C	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. **SHANTEL + TERENCE HARRIS 5719 80TH AVE NE MARYSVILLE WA 98270 D: 4252804591**

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	LIBERTY MUTUAL A07-268-082044-7152
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	ROBERT MINER	BADGE OR ID #	095	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E430882**

CASE # **15-01397**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		HARRIS ISAIAH L																	
ADDRESS & PHONE # 5719 80TH AVE NE MARYSVILLE WA 98270 4252804591														SEX M	D.O.B. MMDDYYYY 11	- 22 -		2000	
PASSENGER <input checked="" type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	2	SEAT POS.	3	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES			
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #														SEX	D.O.B. MMDDYYYY	- -			
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES			
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #														SEX	D.O.B. MMDDYYYY	- -			
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES			

NARRATIVE

Unit #1 was eastbound on 17 ST NE, coming from the city boat ramp. Unit #1 was stopped at the posted stop sign waiting to turn left (northbound) onto Main St. Unit #2 was northbound on Main ST approaching 17 ST NE to continue northbound. Unit #1 did not see Unit #2 and pulled onto Main ST, failing to yield to Unit #2. Unit #1 impacted with Unit #2 in a T-Bone style. Photos were taken of both vehicles.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

ROBERT MINER

06-06-15 05:37 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

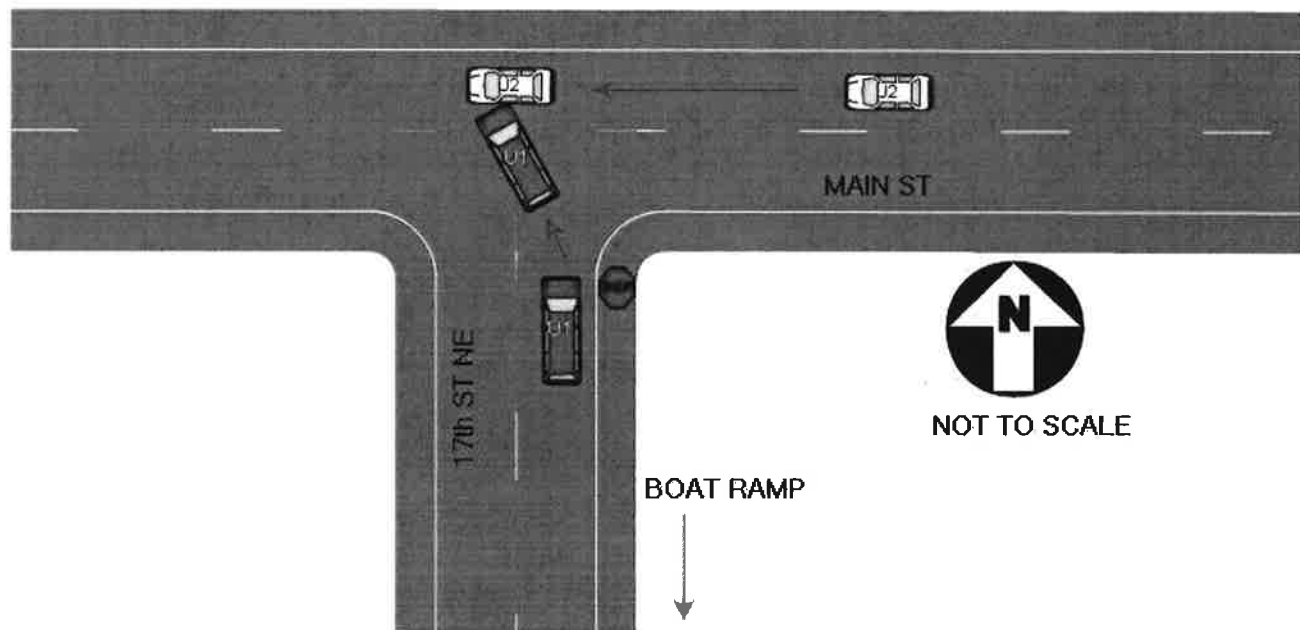
APPROVED BY

DATE

ROBERT MINER 095

6/6/2015 5:37:37 PM

BADGE OR ID #	095	ORI #	WA0311900	TIME POLICE DISPATCHED	12:08 PM	TIME POLICE ARRIVED	12:09 PM
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LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

15-1397

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) HARRIS, JANEIAH	RACE na/wauan	ETH	SEX F	DOB 12/01/48	AGE 16	HGT 5	WGT 230	HAIR Black	EYES Brown
STREET ADDRESS 5719 80TH AVE NE		CITY MARYSVILLE		STATE WA		ZIP 98270		RES. STATUS		
HOME PHONE 360.658.0377		CELL PHONE 425.876.8202		PLACE OF EMPLOYMENT N/A						
WORK PHONE		EMAIL ADDRESS JANEIAH98@gmail.com								

I, JANEIAH HARRIS, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I WAS DRIVING DOWN ON THE MAIN STREET
WHEN THE OTHER DRIVER PULLED OUT HITTING
THE ENTIRE LEFT SIDE OF MY VEHICLE.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Janeiah Harris</u>	DATE SIGNED 06/06/15	LOCATION SIGNED
OFFICER/NUMBER: <u>Minor</u>	DATE SIGNED 6/6/15	LOCATION SIGNED Llc Stevens

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LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

15-1397


VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Kraft Joseph Michael	RACE	ETH	SEX M	DOB 12-11-1941	AGE 73	HGT 5'9"	WGT 165	HAIR Blk	EYES Blu
STREET ADDRESS 15402 O.K. Mill		CITY Shelhamish			STATE WA	ZIP 98290	RES. STATUS			
HOME PHONE 425-335-1931		CELL PHONE			PLACE OF EMPLOYMENT Retired					
WORK PHONE		EMAIL ADDRESS joemik49@hotmail.com								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was leaving the lake Stevens boat launch area and as I turned left onto main street, I hit a car that was driving north.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 6-6-15	LOCATION SIGNED
OFFICER/NUMBER: J. Kraft	DATE SIGNED 6-6-15	LOCATION SIGNED LK Stevens

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

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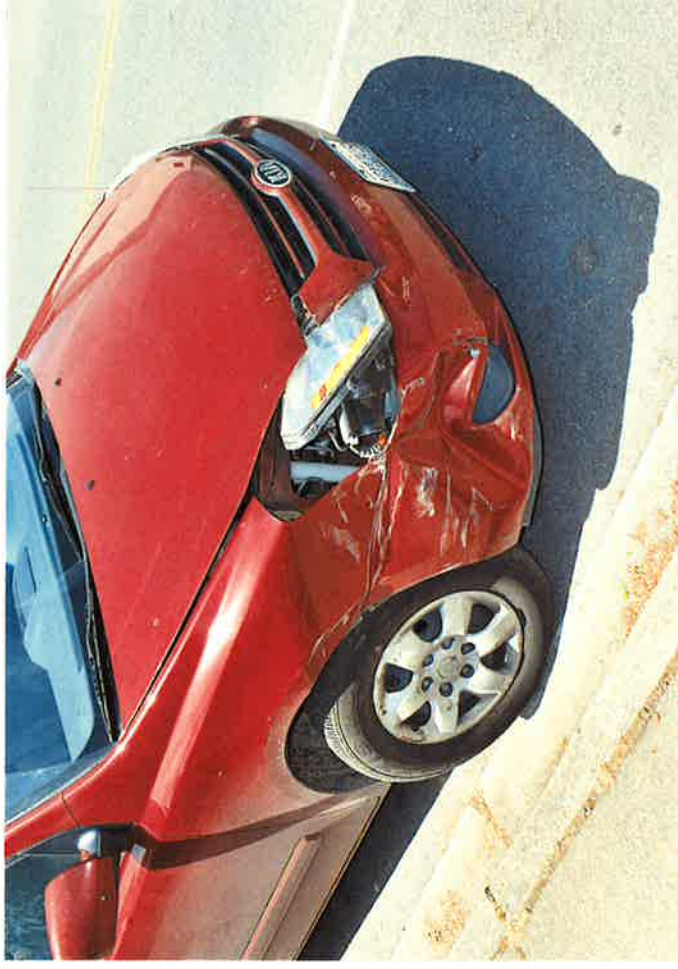
15-1397



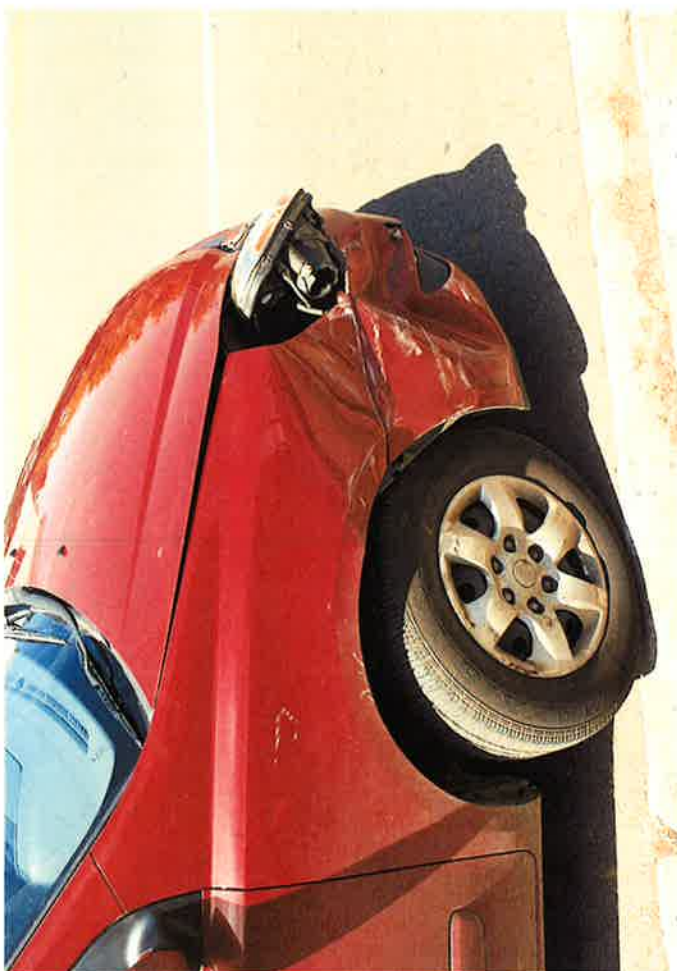
15-1397



15-1397



15-1397



15-1397



15-1397



LAKE STEVENS POLICE EVIDENCE UNIT	Primary Officer/Badge Number <i>Mines 95</i>	Case Number <i>15-1397</i>
Type of Crime: Felony / Misdemeanor (Circle)	Type of Case: <i>Collision</i>	Date/Time: <i>6/6/15 1300</i>

Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING

*Evi will be held until court dispo or when the Statute of Limitations has expired
*Found and Sfgk will be held for 60 days or 60 days past owner notification

Case #	Item # <i>1</i>	Item <i>CD</i>	Brand Name <i>Compucessor</i>	Storage Location	Disposition
	Action # <i>3</i>	Brand/Model/Caliber <i>Scene Photos</i>		(Further Description)	
		Serial #	Where Found	Weight of Narcotic	
	Owner's Name Address City State Zip Phone #				Barcode goes here
	Owner Signature/Other remarks /additional information/ special instructions				
Case #	Item #	Item	Brand Name	Storage Location	Disposition
	Action #	Brand/Model/Caliber		(Further Description)	
		Serial #	Where Found	Weight of Narcotic	
	Owner's Name Address City State Zip Phone #				Barcode goes here
	Owner Signature/Other remarks /additional information/ special instructions				
Case #	Item #	Item	Brand Name	Storage Location	Disposition
	Action #	Brand/Model/Caliber		(Further Description)	
		Serial #	Where Found	Weight of Narcotic	
	Owner's Name Address City State Zip Phone #				Barcode goes here
	Owner Signature/Other remarks /additional information/ special instructions				
Case #	Item #	Item	Brand Name	Storage Location	Disposition
	Action #	Brand/Model/Caliber		(Further Description)	
		Serial #	Where Found	Weight of Narcotic	
	Owner's Name Address City State Zip Phone #				Barcode goes here
	Owner Signature/Other remarks /additional information/ special instructions				
Case #	Item #	Item	Brand Name	Storage Location	Disposition
	Action #	Brand/Model/Caliber		(Further Description)	
		Serial #	Where Found	Weight of Narcotic	
	Owner's Name Address City State Zip Phone #				Barcode goes here
	Owner Signature/Other remarks /additional information/ special instructions				

Evidence Control Use Only:

Received by Evidence:	NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked	ROUTING: _____
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File

Case Numbers: \$SS15001397

Initial Type: COL Initial Alarm Level: Final Alarm Level:
Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H
Police BLK: SS001 Fire BLK: AG1620 Map Page: 377J-6 Group: SS1 Beat: NORT
Src: T
Loc: 1809 MAIN ST , LKS -- JAYS MARKET , LKS btwn 18 ST NE & 124 AV NE (V)

/1207	(SP0393)	ENTRY		, CC, NOW, 2 VEH, NON INJ, NON BLKING WHI HYUNDAI ELANTRA VS MAR KIA
/1207	(SP0224)	AGCADV		, 19S13
/1208		DISPER	19S13	#SS95 MINER, SGT (ROBERT)
/1208		\$CROSS		#SS15011013
/1208		DUP		#SS15011013
/1208		DUP		PHO: 4258768143
/1209		ONSCNE	19S13	
/1221	(SS95)	REMINQ	19S13	MDTVEH, AQY1315,, WA, , , , , , , , , , ,
/1222		REMINQ	19S13	MDTWANT, , , , , , WA, KRAFTJM590RJ, , , , , , , , , , ,
/1225		*ASNCAS	19S13	\$SS15001397
/1226		REMINQ	19S13	MDTVEH, 17OYMI, , WA, , , , , , , , , , ,
/1226		REMINQ	19S13	MDTWANT, , , , , , WA, HARRIJD023RA, , , , , , , , , , ,
/1233	(SP0224)	CLEAR	19S13	D/H
/1233		CLOSE	19S13	